Disclosure Report Cover

Am	endment
	Yes

No

 \boxtimes

Disclosure Report Cover

APR 28 2014

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Inform	mation						
a. Full Name					c. ID Number		
Committee to Elect	Tammy Aldridge				5J6417		
	ude City, State and Zip Code)				d. Date Filed		
1939 Poors Ford Rd Rutherfordton, NC 2					04/24/2014		
					e. Phone Number		
	9				828-247-0249		
2. Report Year	3. Period Start Date (mm/e	dd/yy) 4. Perio (mm/dd/y	d End Date	5. Treasurer Full N	ame		
2014	03/04/2014	04	/19/2014	Kelly Hudson			
6. Type of Committe	ee (Check One)	9. Type of Repo	rt (check or	ly one type of report fr	rom one category)		
Candidate Campa	nign Party	Municipal	State/C	County	Referendum		
PAC	Referendum	Organizatio	nal	Organizational	Organizational		
Independent Expenditure	Joint Fundraiser	Thirty-five	lay	Quarterly	Pre-referendum		
Legal Expense Fu		l					
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff Semi-annua	.	Third Fourth	Annual		
		Mid Y		Semi-annual	Special		
Other:		Year B	PS		10. Special Report Name		
L Guier.		Final	™ H	Year End	To: Special Report Name		
8. Number of Fundr	raisers this Report	Special	IH	Final			
8. Number of Fundi	aisers this Report	. П Зресии		Special			
11. Account Informa	ation		11. Account				
a. Financial Institution F				titution Full Name			
a. Financial Institution F	Full Name						
	Full Name		a. Financial Ins		c. Account Code		
a. Financial Institution F Premier Federal Cre	'ull Name dit Union				c. Account Code		
a. Financial Institution F Premier Federal Cree b. Purpose For all	'ull Name dit Union		a. Financial Ins		c. Account Code		
a. Financial Institution F Premier Federal Cree b. Purpose For all campaign	'ull Name dit Union	e	a. Financial Ins		c. Account Code d. Period Begin Balance		
a. Financial Institution F Premier Federal Cree b. Purpose For all	c. Account Code d. Period Begin Balanc	e	a. Financial Ins		d. Period Begin Balance		
a. Financial Institution F Premier Federal Cree b. Purpose For all campaign expenses	Cull Name dit Union c. Account Code	e	a. Financial Ins				
a. Financial Institution F Premier Federal Cree b. Purpose For all campaign expenses CERTIFICATION	c. Account Code d. Period Begin Balanc \$ 100.00		a. Financial Ins b. Purpose	titution Full Name	d. Period Begin Balance		
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Amendment

No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number			
Committee to Elect Tammy Aldridge	First Qtr Plus			5J6417		
Start of Election Cycle: January 1,	2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	100.00	\$		
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	1,005.00	\$	1,005.00	
6) Contributions from Individuals	(CRO-1210)	\$	5,091.63	\$	6,127.59	
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$		
9) Loan Proceeds	(CRO-1410)	\$	2,500.00	\$	2,600.00	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$		
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$		
11b) Contributions from Not-for-Profit Organizati	ions (CRO-1250)	\$		\$		
11c) Outside Sources of Income	(CRO-1250)	\$		\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$	8,596.63	\$	9,732.59	
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	5,491.84	\$	5,491.84	
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$		\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	65.10	\$	65.10	
15) Loan Repayments	(CRO-1420)	\$		\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$		
17) In-Kind Contributions	(CRO-1510)	\$	2,481.63	\$	3,517.59	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	8,038.57	\$	9,074.53	
19) Cash on Hand at End (Add lines 4 and 12 together, then such	btract line 18)	\$	658.06	\$	658.06	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaign	ns) (CRO-1430)	\$	100.00			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee	(CRO-1720)	\$				
25) Administrative Support	(CRO-1710)	\$		\$		
26) Forgiven Loans	(CRO-1440)	\$		\$		
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$		
28) Contributions to be Refunded	(CRO-1215)	\$		\$		

Aggregated Contributions from Individuals

Page

 $\underline{1}$ of $\underline{2}$

Amendment

Yes

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Na	Number							
Committee to Elect Ta						5J6417		
3. Contributor Inform	nation							
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	y)	f. Amount		
Add Remove		check		03/13/20)14	\$ 50.00		
Add		cash		03/28/20)14	\$ 20.00		
Remove Add				02/20/20	214	2 10.00		
Remove		cash		03/28/20	114	\$ 10.00		
Add Remove	-	cash		03/28/20)14	\$ 10.00		
Add		cash		03/28/20)14	\$ 10.00		
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Add Remove	-	cash		03/28/20)14	\$ 10.00		
Add		cash		03/28/20)14	\$ 10.00		
Remove		Cusii		03/20/20	17	\$ 10.00		
Add Remove	-	check		03/28/20)14	\$ 25.00		
Add		check		02/28/20	\14	6 25.00		
Remove		cneck		03/28/20	/14	\$ 25.00		
Add	_	cash		03/28/20)14	\$ 20.00		
Remove Add				0.000		And the supplier of the suppli		
Remove	+	cash		03/28/20)14	\$ 20.00		
Add		check		03/28/20)14	\$ 10.00		
Remove		CHECK		03/20/20	14	\$ 10.00		
Add Remove	1	cash		03/28/20	114	\$ 10.00		
Add		cash		03/28/20	114	\$ 20.00		
Remove		Casii		03/20/20	14	\$ 20.00		
Add Remove	-	cash		03/28/20)14	\$ 20.00		
Add						CALLE CONTRACTOR CONTRACTOR		
Remove		check		03/28/20	14	\$ 10.00		
Add		check		03/28/20)14	\$ 10.00		
Remove		-				-		
Add Remove	-	check		03/28/20	114	\$ 50.00		
Add				02/20/26		20.00		
Remove	1	cash		03/28/20	14	\$ 20.00		
Add	-	cash		03/28/20)14	\$ 40.00		
Remove Add		**************************************		Got o oc the second	Phospi	Distriction of State of Control of State of Control of State of Control of Co		
Remove	-	cash		03/28/20	14	\$ 30.00		
Add		cash		03/28/20	014	\$ 20.00		
	Remove							
4. Total only this I					\$	450.00		
5. Total of ALL Cl	\$	1,005.00						

Aggregated Contributions from Individuals

Page

of 2

Yes 🖂

Amendment

N

Optional form used to report NC Contributions From Individuals of \$50 or less

				nd if applicable)			2. ID	Number	
		ittee to Elect Ta		je				5J6417	
3	. Cont	tributor Inforn							
a.	. Amend	36	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	y)	f. Amount	
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	l	Remove	1	Cash		03/28/20)14	\$ 50.00	
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		Add		cash		04/04/20	114	50.00	
		Remove		Cash		U4/U4/20	14	\$ 50.00	
	<u>]</u>	Add		cash		04/04/20	114	\$ 50.00	
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늗	+	Add							
十	1	Remove	f /			04/11/201	14	\$ 20.00	
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		Remove	<u></u> '					\$	
4.	Tota	ıl only this P	age	<u> </u>			\$	555.00	
		of ALL CI					\$	1,005.00	
((This lin	ie must be on line	5 of Detailed Su	mmary Page CRO-1100)			*	1,000.00	ä

Contr	ibutions fro	m Individuals			Pg	1 of	9_	Amendmen Yes	_
		vidual contributions of	ver \$50	or contributions					
		and Fund if applical					2. ID Nu		
Committe	ee to Elect Tammy	/ Aldridge					5J6417		
3. Contr	ibutor Informatio	on		Add	Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Prof	ession		d. Commen	ıts	
	city, state, & zip)			Satellite Meal	Cood	*			
Kay Aldr	-								
174 Eastview Dr Bostic, NC 28018				c. Employer's Na			_		
828-245-5563				Rutherford Co). Sem	or Center	e Flection	Sum to Date	
828-243-3303									
							\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
		check				03/16/2	2014	\$	1000.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add	Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profe	ession		d. Commen	ts	
	city, state, & zip)			Retired					
Don Earl				Factor 25 (1975)	100 0004 <u>120 000</u>		1		
	card Church Rd			c. Employer's Na	me/Spe	cific Field	-		
828-287-	rdton, NC 28139						e. Election Sum to Date		
020-207-	0037								
							\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	ууу)	k. Amount	
		check				03/15/2	014	\$	75.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add 🗌	Remo	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profe	ession		d. Commen	ts	
	(include city, state, & zip)								
Linda Ear	0.70					1			
	card Church Rd			c. Employer's Na	me/Spe	cific Field	-		
Kutherfor	dton, NC 28139								

i. In-Kind Description

e. Election Sum to Date

75.00

\$

\$

\$

k. Amount

75.00

1,150.00

5,091.63

\$

\$

\$

j. Date (mm/dd/yyyy)

03/15/2014

828-287-0857

g. Account Code

5. Total of ALL CRO-1210 Pages

4. Total only this Page

h. Form of Payment

check

f. Prior

Amendment **Contributions from Individuals** \boxtimes Pg of 9 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Tammy Aldridge 5J6417 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Medical Asst. Lisa Ebert 247 Scruggs Rd c. Employer's Name/Specific Field Forest City, NC 28043 Carolina Chiropractic 828-248-2882 e. Election Sum to Date \$ 110.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check \$ 03/28/2014 100.00 \$ cash 03/28/2014 10.00

Non-profit manager Selly Hudson								\$	
Non-profit manager Section Sum to Date Section Sum to Date Section Sum to Date Section Sum to Date Section	3. Contr	ibutor Informati	on		Add R	Remove			
Relly Hudson 241 Bent Creek Drive Rutherfordron, NC 28139	a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commer	nts	
C. Employer's Name/Specific Field Family Resources, Inc.					Non-profit manag				
Rutherfordton, NC 28139 Family Resources, Inc. e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment check	원래 [[[[[[[[[[[[[[[[[[[[
e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 03/17/2014 \$ S 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Retired George Padgett 503 Jim Dobbins Rd Rutherfordton, NC 28139 828-245-3106 E. Employer's Name/Specific Field George Padgett Sold Side									
S 100.00 f. Prior g. Account Code b. Form of Payment check 03/17/2014 \$ check 03/17/2014 \$ S Contributor Information Add Remove a full law end of payment (include city, state, & zip) George Padgett 503 Jim Dobbins Rd Rutherfordton, NC 28139 828-245-3106 f. Prior g. Account Code b. Form of Payment check 04/08/2014 \$ Check 05/08/2014 \$ Ch	Rutherfor	rdton, NC 28139			Family Resource	s, Inc.	100000	Vide 37 Edit 10	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 03/17/2014 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) George Padgett 503 Jim Dobbins Rd Rutherfordton, NC 28139 828-245-3106 6. Employer's Name/Specific Field 6. Employer's Name/Specific Field 6. Election Sum to Date \$ 100.00 6. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 04/08/2014 \$ 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						e. Election	Sum to Date		
Check Ch							\$ 100.00		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
3. Contributor Information			check			03/17/2	2014	\$	100.00
3. Contributor Information								\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) George Padgett 503 Jim Dobbins Rd Rutherfordton, NC 28139 828-245-3106 c. Employer's Name/Specific Field c. Employer's Name/Specific Field c. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check d. Comments d. Comments Retired c. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount should be check d. Comments e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount should be check f. Total only this Page f. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				1				\$	
Retired	3. Contri	ibutor Informatio	on		Add R	emove			
Compage Padgett Company Comp	a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commer	ıts	
C. Employer's Name/Specific Field C. Edection Sum to Date C. Election Sum to Date C					Retired				
Rutherfordton, NC 28139 828-245-3106 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 04/08/2014 \$ \$ 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)									
e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 04/08/2014 \$ \$ 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					c. Employer's Name/	Specific Field			
\$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 04/08/2014 \$ \$ 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)		5.5					F1 41	C . D .	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 04/08/2014 \$ \$ 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	828-245-	3106					e. Election	Sum to Date	
☐ check 04/08/2014 \$ ☐ \$ 4. Total only this Page \$ 3 5. Total of ALL CRO-1210 Pages \$ 5, (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 5,							\$	100.00	
\$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 5,	f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	S V
4. Total only this Page 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)			check			04/08/2	2014	\$	100.00
4. Total only this Page \$ 35. 5. Total of ALL CRO-1210 Pages \$ 5, (This line must be on line 6 of Detailed Summary Page CRO-1100)								\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 5,					1			\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)	4. Total	only this Pag	e				\$		300.00
				CRO 110	0)		\$		5,091.63
CRO-1210 NC State Board of Elections Ap	CRO-121		Detailed Summary 1 age (tions			April 2007

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) Committee to Elect Tammy Aldridge 2. ID Number 5 J6417 3. Contributor Information Add □ Remove

1. Comin	nttee run Name	(and rund if applicat	Die)		2. ID Number			
Committe	ee to Elect Tammy		5J6417					
3. Contr	ibutor Informatio	on		Add 🔲 I	Remove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Comment	is	
	city, state, & zip)			Retired				
	Ann Brown							
991 Free				c. Employer's Name				
Bostic, N								
828-287-	3128					e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check			04/14/20	014	\$	100.00
							\$	
							\$	
	ibutor Informatio			Add 🗌 R	Remove			
	ne, Mailing Address &	& Phone		b. Job Title/Professi	on	d. Comments	s	
	city, state, & zip)			Paralegal				
Don Davi			ļ	-		_		
	gwood Rd		1	c. Employer's Name	/Specific Field	-		
Ashevine	e, NC 28805		J	Law firm	- Flastian C	- 4- Data		
			1		e. Election S	am to Date		
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy)	yy)	k. Amount	
		check			04/02/20	014	\$	150.00
							\$	
							\$	
	ibutor Informatio			The second secon	Remove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	on	d. Comments	;	
	city, state, & zip)			Retired	1			
Jamie Lou	u Padgett Dobbins Rd		1	c. Employer's Name	C-seine Pield			
	rdton, NC 28139		ļ	c. Employer's Ivanie	Specific Field	1		
828-245-3						e. Election Su	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		check			04/08/20	014	\$	100.00
							\$	
							\$	
4. Total	only this Page	e				\$		350.00
5. Total	of ALL CRO-	-1210 Pages				\$		5,091.63
(This line	must be on line 6 of	Detailed Summary Page C	CRO-1100)		Ψ		3,091.03

Amendment **Contributions from Individuals** Yes \boxtimes Pg of No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Tammy Aldridge 5J6417 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired K.E. Staggs 3759 Poors Ford Rd c. Employer's Name/Specific Field Rutherfordton, NC 28139 828-245-6493 e. Election Sum to Date \$ 350.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 04/18/2014 \$ 350.00 \$ \$ Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Judy Patterson 117 Heliport Dr c. Employer's Name/Specific Field Rutherfordton, NC 28139 828-286-1575 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check 04/18/2014 \$ 100.00 \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Retired

Contributions from Individuals

	Amendment							
Individuals	Pg	_5	of	9		Yes	\boxtimes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name ((and Fund if applical	ble)					2. ID Number		
Committe	ee to Elect Tammy			5J6417						
3. Contri	ibutor Informatio	on		Add		Rem	iove			
	me, Mailing Address &	& Phone		b. Job Ti	itle/Prof	ession		d. Comments	s	11 11 11 11 11 11 11 11
	city, state, & zip)			Busines	ss own	er				
Tim Smit			I							
	tation Drive		١				ecific Field	-		
828-287-	rdton, NC 28139		ا	Smith's	Pawn	Snop		e. Election S	to Doto	
020-201-	3371		I					e. Election 3		
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description j. Date (mm/dd/yyy			yy)	k. Amount		
		cash					04/14/20	014	\$	50.00
		cash					04/17/2	014	\$	50.00
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	tle/Prof	ession		d. Comments		
	city, state, & zip)			Retired	Ĭ .					
Alan Mar 135 Charl				c. Emplo	ver's Na	me/Spe	cific Field			
	ty, NC 28043			Ci Limpica	101 0	me er	the rea			
	23							e. Election St	am to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	L Lind Descrip	ption		j. Date (mm/dd/yyy	yy)	k. Amount	
		check					04/04/20		\$	200.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	tle/Prof	ession		d. Comments		
	city, state, & zip)			Busines	ss Own	ier				
Tammy R										
211 N. M							cific Field			
Ruthertor	dton, NC 28139			Busines	ss Own	er		F14 C-	1 D.4	
							ł	e. Election Su	34 C 4 O 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
- y		Ŷ			- C-			\$	310.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yyy	/y)	k. Amount	
			Food	100			03/28/20)14	\$	310.00
									\$	
									\$	
4. Total	only this Page	•						\$		610.00
5. Total	Total of ALL CRO-1210 Pages							\$		5,091.63
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		m Individuals			Pg <u>6</u> of		Amendmen Yes	t 🛭 No	
		ividual contributions of	0.000	or contributions ur	nder \$50 if form CR	2. ID Nu			
	ee to Elect Tammy	(and Fund if applica	Die)			2. ID Nu	5J6417		
	***	0 VPGIV.					330417		
STATE OF STA	ibutor Information				emove	1.0			
	ne, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession	0 n	d. Commer	its		
Keith Hu				Retired					
	pkin Patch Rd			c. Employer's Name	Specific Field				
Rutherfo	rdton, NC 28139								
						e. Election	Sum to Date		
						\$	509.07		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
			Sign	is .	03/06/2	2014	\$	509.07	
							\$		
						l'	\$		
3. Contr	ibutor Informatio	on		Add R	emove				
	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	its	•	
	city, state, & zip)			Retired					
Charles E 1466 Tin	5			c. Employer's Name/	+				
	o, NC 28040			c. Employer s Name/	Specific Field	1			
	,					e. Election	Sum to Date		
				28		\$	375.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount		
			Sign	S	03/06/2	2014	\$	375.00	
							\$		
							\$		
CONTROL OF THE PARTY OF THE PAR	ibutor Informatio	The state of the s		Add R	emove				
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ts		
Tammy A	city, state, & zip)			_					
	ors Ford Rd			c. Employer's Name/	Specific Field	-			
	dton, NC 28139			•	The second secon				
						e. Election	Sum to Date		
						\$	1,200.27		

i. In-Kind Description

Buttons

f. Prior

g. Account Code

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

h. Form of Payment

\$

\$

k. Amount

164.31

1048.38

5,091.63

\$

\$

\$

j. Date (mm/dd/yyyy)

03/13/2014

Contributi

						Amer	lament		
ons from Individuals		Pg	_7	of	9		Yes 🖂	No	
PROPERTY AND ADDRESS TO SEE AND ADDRESS AN	100.00	1120							

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fun	d if applicable)					2. ID Nun	nber	
Committee to Elect Tammy Aldridge	е						5J6417	
3. Contributor Information		Add		Remov	ve			
a. Full Name, Mailing Address & Phone		b. Job Titl				d. Commen	ts	
(include city, state, & zip)		Wells Je	enkins	Wells				
Jeff Wells		Franks	- N	101	· ~ _ TV _ 1.1	-		
394 US Hwy 221A Forest City, NC 28043		c. Employ Wells Je			fic Field			
Folest City, NC 20043		W CHS 30	CHKIIIS	WCIIS	1	e Election S	Sum to Date	
					Į.			
					1	\$	235.00	
f. Prior g. Account Code h. Form	of Payment i. In-K	Kind Descrip	otion	i	j. Date (mm/dd/yy	yy)	k. Amount	
	Food	d			04/04/20	014	\$	235.00
							\$	
							\$	
3. Contributor Information		Add		Remov	ve			
a. Full Name, Mailing Address & Phone		b. Job Titl	le/Prof	ession		d. Comment	ts	
(include city, state, & zip)		Office A	Admin	les .				
Starland Hunt								
689 Doggett Rd			c. Employer's Name/Specific Field					
Forest City, NC 28043		Office A	Admin	į	1			
					ļ	e. Election Sum to Date		
						\$	211.25	
f. Prior g. Account Code h. Form	of Payment i. In-K	Kind Descript	otion	j	j. Date (mm/dd/yyy	yy)	k. Amount	
	Food	<u>.</u>			04/04/20)14	\$	175.00
	Time	e			04/04/20	014	\$	36.25
							\$	
3. Contributor Information		Add [Remov	ve			
a. Full Name, Mailing Address & Phone		b. Job Titl	le/Prof	ession		d. Comment	is	
(include city, state, & zip)		Satellite	Meal	Cood.				
Kay Aldridge								
174 Eastview Dr		c. Employer's Name/Specific Field Rutherford Co Senior Center						
Bostic, NC 28018		Rutherto	ord Co	Senior	Center	- Flaction S	2 to Data	
					ļ	e. Election S	um to Date	
			44000			\$	1,113.5	
f. Prior g. Account Code h. Form		Kind Descript	tion	j	j. Date (mm/dd/yyy	1-1A 10	k. Amount	
	Food	1			04/04/20)14	\$	70.00
	Time	3		\perp	04/04/20	014	\$	43.50
							\$	
4. Total only this Page						\$		559.75
5. Total of ALL CRO-1210 P (This line must be on line 6 of Detailed Su		a)				\$		5,091.63

Amendment **Contributions from Individuals** Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Tammy Aldridge 5J6417 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Massage Therapist Jenny McFadden 137 Tom Camp Rd c. Employer's Name/Specific Field Rutherfordton, NC 28139 World Class Massage e. Election Sum to Date \$ 10.00 f. Prior i. In-Kind Description g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount **Napkins** 04/04/2014 \$ 10.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Kim Aldridge 171 Sandy Oak Dr. c. Employer's Name/Specific Field Forest City, NC 28043 e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount

		m Individuals	over \$50	Pg or contributions unde	9 of er \$50 if form CR		Amendment Yes ot used	t No
		and Fund if applica				2. ID Nun		
Committe	ee to Elect Tammy	Aldridge					5J6417	
AND THE PARTY OF T	ibutor Informatio	2019-04-11		Add Rer	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Business Owner				
Leslie Gi 205 Pinel				c. Employer's Name/Sp	anifin Field	-		
	rdton, NC 28139			Chatterbox Creative		-		
Rumerio	ruton, 11C 2015)			Chatteroox creative	C /	e. Election S	um to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
			Time	e	03/15/2	014	\$	150.00
							\$	
							\$	
CONTROL OF THE PROPERTY OF THE PROPERTY OF	ibutor Informatio	AMOUNTAL TO THE PARTY OF THE PA		Add Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	s	
	city, state, & zip)			Business Owner				
Michelle	Antoine wood Lane			- E	'e. F'.14	-		
	dton, NC 28139			c. Employer's Name/Sp Premier Events, Eli		1		
ixutilei ioi	uton, 14C 20139			Wedding and Event		e. Election Sum to Date		
				Planning		\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
			Mate	erials			\$	150.00
		-12.22	Time				\$	100.00
							\$	
3. Contri	butor Informatio	on		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s	
(include	city, state, & zip)							
				c. Employer's Name/Sp	ecific Field			
						e. Election S	um to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	(yy)	k. Amount	
				•			\$	
							\$	
							\$	
4. Total	only this Page	e				\$		400.00

5,091.63

\$

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Die	bursements	
ν 13	Duischichts	

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Am	endment
П	Yes

\bowtie	N

	full Name (and Fund				2. ID Number
Committee to E	Elect Tammy Aldridg				5J6417
3. Type of Disb		ise use separate C	CRO-1310 forms for each t		
Operating E	xpenses	Contributions to Ca	indidates/Political Committees	Cor	ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, Promotions R U	& zip)		-		
731 S. Broadwa	ıy St		c. Level Registered (Specify)		
Forest City, NC	28043		Federal 🖂	County:	
828-248-1722			State	Municipality:	e. Election Sum to Date
					\$ 2,536.47
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	В	03/17/2014	\$1128.11	Cards and yard
	check	В	03/31/014	\$1408.36	Yard signs, pen t-shirts
4. Payee Inform	ation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			New S. Continues and Section of Section Sectio		
Victory Outdoor			1	1	
1770 Hwy 74-A	got the contract to the contra		c. Level Registered (Specify)		
Forest City	19.		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 345.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	86, 1996
I Account Cour	-	m. v m. p.ss.		Law common common and	k. Required Remarks
	check		04/02/2014	\$345.00	
				\$	
4. Payee Inform	A CONTRACTOR PARTICIPANT		Add	Remove	
	ing Address & Phone	/	b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)		_		
Daily Courier					
601 Oak Street			c. Level Registered (Specify)		
Forest City, NC	28043	/	Federal 🖂	County:	
		/	State	Municipality:	e. Election Sum to Date
					\$ 385.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	04/03/2014	\$300.00	Advertisement
	check	A	04/03/2014	\$85.00	Advertisement
5. Total only thi	s Page				\$ 3,226.47
	CRO-1310 Pages				
			90 if Operating Expenses) 90 if Contrib to Candidates/Politi	ical Comm)	\$ 5,491.84
(This line goes in	line 13c of Detailed Sum	ımary Page CRO-110	00 if Coordinated Party Expendite	ures)	
	es (List detailed exp	enditure code in ((h.) above)		
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties				er Candidate Public Office Expenses 1 to Legal Expense Fund
	e detailed explanation	on in required re	emarks field (k)		

D.					98
Dis	hii	rse	m	en	te

 \boxtimes

Amendment

Yes

No

	Full Name (and Fun-				2. ID Number
	Elect Tammy Aldridg	e			5J6417
3. Type of Dist		ise use separate (CRO-1310 forms for each	type of Disbursen	<u>ient.)</u>
Operating 1		Contributions to Ca	indidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	Name	d. Comments
(include city, state	, & zip)				
WCAB					
P.O. Box 511			c. Level Registered (Specify)		
Rutherfordton,	NC 28139		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 273.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	Α	04/07/2014	\$273.00	Advetisement
	CHECK	A	04/07/2014	\$275.00	
				\$	
4. Payee Inform	nation_		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state					
Terri Mitchell					
Union Rd			c. Level Registered (Specify)		1
Rutherfordton,	NC 28139		Federal 🖂	County:	1
			State	Municipality:	e. Election Sum to Date
					\$ 46.79
6.4 6.1	T n	h Dumana Cada			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	C	04/07/2014	\$46.79	Plates, food
				s	
4. Payee Inform	nation		Add \square	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
			b. Coordinated Committee N	ame	d. Comments
(include city, state, Promotions R U			-		
731 S. Broadwa			c. Level Registered (Specify)	y -	-
Forest City, NC			Federal Specify	County:	-
rolest City, NC	20043				- Flacking Source Date
			State	Municipality:	e. Election Sum to Date
					\$ 3866.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	В	04/09/2014	\$615.09	Signs, pens
					labels Magnets, signs
	check	В	04/11/2014	\$715.09	Wagnets, signs
5. Total only th					\$ 1,649.97
6. Total of ALI	CRO-1310 Pages				
		BB 4 10 10 10 10 10 10 10 10 10 10 10 10 10	00 if Operating Expenses)		\$ 5,491.84
	그리 없는 그리 아이는 그리고 있다면 가장 하는 것이 없는 것이 없는 것이 없다.	시크 가는 경기 가는 사람들이 가장 되는 것이 되었다고 있었다.	00 if Contrib to Candidates/Polit	A 19 (B. 18 P.	5,471.04
			00 if Coordinated Party Expendi	tures)	
	les (List detailed exp				
A* - Media E - Salaries	B* - Printing	C* - Fund		D - To Anoth	
I - Postage	F* - Equipment J - Penalties	G - Politic	cal Party ce Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other	o i charties	K - Olli	La Expenses	Q - Dollatio	n to Legai Expense runu
	e detailed explanati	on in required r	emarks field (k)		

D.	•	2
Dis	bursemen	ts

g <u>3</u>

of <u>4</u>

Amendment Yes

No No

	ull Name (and Fun				2. ID Number
Committee to Elect Tammy Aldridge					5J6417
3. Type of Disb	ursement (Plea	ise use separate C	CRO-1310 forms for each i	type of Disburser	ment.)
Operating E	xpenses	Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,					30.000.000.000.0000.0000.0000.0000.0000.0000
John Harrill			1		
220 East Main S	St		c. Level Registered (Specify)	ĺ	
Forest City, NC	28043		Federal 🖂	County:	
			State \Box	Municipality:	e. Election Sum to Date
				. ,	\$ 160.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	04/11/2014	\$160.00	Advetisement
				\$	
4 Davis Inform	4:		A 44		
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Robbin's Brick	X BIOCK		T 10 14 140 161		_
3862 US 221-S	200.42		c. Level Registered (Specify)		
Forest City, NC	28043		Federal 🖂	County:	
			State	Municipality:	c. Election Sum to Date
					\$ 69.71
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	0	04/16/2014	\$60.71	Durowall for
	CHECK	О	04/10/2014	\$69.71	sign/ ladder
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Lowe's					
184 Lowe's Blvd	i		c. Level Registered (Specify)		7
Forest City, NC	28403		Federal 🖂	County:	1
			State	Municipality:	e. Election Sum to Date
					\$ 189.51
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	О	04/16/2014	\$133.69	Materials for signs
				\$	
5. Total only thi	s Page			14 S (See 17 HOUR)	\$ 363.40
	CRO-1310 Pages				\$ 303.40
		nmary Page CRO-116	00 if Operating Expenses)		E.
			00 if Contrib to Candidates/Polit	ical Comm)	\$ 5,491.84
			0 if Coordinated Party Expendit		
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	her Candidate
E - Salaries	F* - Equipment	G - Politic			g Public Office Expenses
I - Postage	J - Penalties		e Expenses		on to Legal Expense Fund
O* - Other					
* Codes require	e detailed explanati	on in required re	emarks field (k)		

Dis	bu	rsem	ents
$\boldsymbol{\nu}$	υu	1 20111	CIIII

Pg <u>4</u>

of 4

Amendment
Yes

No

 \boxtimes

	Full Name (and Fund				2. ID Number
	Elect Tammy Aldridg				5J6417
3. Type of Disb			CRO-1310 forms for each t	type of Disburseme	ent.)
Operating E		Contributions to Car	andidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	, & zip)				
WCAB					Í
191 Whiteside I			c. Level Registered (Specify)		
Rutherfordton, 1	NC 28139		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 525.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	04/18/2014	\$252.00	Advetisement
	Clicck	A	04/10/2014	\$232.00	
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
Il raccount cour	g. Form of Fajinen.		i. Date (min/dd/yyyy)	1	Advertisement
				\$	Advertisement
				\$	
4. Payee Inform	ıation		Add	Remove	
	ing Address & Phone	_	b. Coordinated Committee Na		d. Comments
(include city, state,					
			c. Level Registered (Specify)		
			Federal	County:	
			State		e. Election Sum to Date
		1			
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		İ		\$	
				\$	
5. Total only thi					\$ 252.00
	CRO-1310 Pages	D - CDO 110			
			90 if Operating Expenses) 90 if Contrib to Candidates/Politi		\$ 5,491.84
			10 if Contrib to Candidates/Politi 10 if Coordinated Party Expenditi	icai Comm)	
	es (List detailed exp			ures)	
A* - Media	B* - Printing	C* - Fund		D - To Another	Condidata
E - Salaries	F* - Equipment	G - Politica			Public Office Expenses
I - Postage	J - Penalties		e Expenses		to Legal Expense Fund
O* - Other					STATE STANDARD IN THE STANDARD CONTRACTOR
* Codes require	e detailed explanation	on in required re	marks field (k)		

A	ggregated	Non-M	Iedia 1	Exper	iditures
	999	TION I	LUUIU .	LIPUL	iuitui CD

Page _1_ of _1_

Amendm	ent		
☐ Yes	X	No	

Optional form used to report NC Non-Media Expenditures of \$50 or less.

3. Payee Information	1. Committee Full Name (and Fund if applicable) 2. ID Number						
And	Commit	tee to Elect	t Tammy Aldrid		5J6417		
Add Remove	3. Payee In						
Remove	a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Remove	Remove			0	03/21/2014	\$ 41.25	Posts for signs
Remove				I	03/21/2014	\$ 9.28	
Remove				0	04/15/2014	\$ 14.57	Wood for Sign
Remove						\$	
Add Remove						\$	
Add	Add					\$	
Add	Add					\$	
Add	Add					\$	
Add Remove S S Add Remove S Add	Add					\$	
Add Remove	☐ Add					\$	
Add Remove	☐ Add					\$	
Remove	Add					\$	
Remove	Add						
Remove							
Remove							
Add							
Add \$ \$ \$ \$ \$ \$ \$ \$ \$						1000	
Remove \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						4000	
Remove \$ Add \$ Remove \$ 4. Total only this Page \$ 5. Total of ALL CRO-1315 Pages \$ (This line must be on line 14 of Detailed Summary Page CRO-1100) \$ 6. Purpose Codes (List detailed expenditure code in (d) above) \$ B* - Printing C* - Fundraising D - To Another Candidate B - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund	Remove					- 10-10	
A. Total only this Page 5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund	Remove					\$	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund						\$	
(This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund	4. Total o	only this Page				\$ 65.10	
6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund	The state of the s			CRO-1100)		2007 200 120-1000	
B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund) above)		
I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund		B* -	Printing	C* - Fundra	nising D - T		
17 · 17 · 17 · 17 · 17 · 17 · 17 · 17 ·			enalties	K* - Office	Expenses Q* -	Donations to Lega	I Expense Fund
* Codes require detailed explanation in required remarks field (g)			d explanation in	required remov	rks field (a)		

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

Committee to Elect T	Tammy Aldridge	ne)	<u> </u>	2. ID Numbe	ir.
3. Lender Information	on	Add			Remove
a. Full Name, Mailing Ad	Idress & Phone	b. Job Title/Pro	ofession		d. Comments
(include city, state, & zi		911 Director			The Transfer of the
Tammy Aldridge					
1939 Poors Ford Rd					e. Start Date (mm/dd/yyyy)
Rutherfordton, NC 28	8139		Name/Specific Field		03/21/2014
		Rutherford C	County		
				L	f. End Date (mm/dd/yyyy)
					03/21/2015
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paymo	ient	k. Amount
%			check	18	\$ 1000.00
l. Full Name of Lending I	Institution			m. Loan N	lumber
4. Endorsers/Makers	S (The people who guar	rantee the loan.)			
a. Full Name, Mailing Add		b. Job Title/P	Profession	c. Employ	er's Name/Specific Field
(include city, state, & zi					er o mineropeem.
N. Charles	17				
Í					
i I		10			
Í		d. Percentage	-	e. Amount	
			%	\$	
a. Full Name, Mailing Add		b. Job Title/P	rofession	c. Employe	er's Name/Specific Field
(include city, state, & zi	ip)				
l		d. Percentage	:	e. Amount	
			%	\$	
a. Full Name, Mailing Add		b. Job Title/Pr	rofession	c. Employe	er's Name/Specific Field
(include city, state, & zi	ip)				
		d. Percentage		e. Amount	
			%	\$	
a. Full Name, Mailing Add	dress & Phone	b. Job Title/Pi	rofession	c. Employe	er's Name/Specific Field
(include city, state, & zi					P. Control of the Con
		d. Percentage	į	e. Amount	
			%	\$	
5. Total of ALL C	CRO-1410 Pages			\$ 2	2,500.00
(This line must be on lin	ne 9 of Detailed Summary Page Cl	(RO-1100)		Ψ 2	2,300.00

Loan Proceeds

Pg

of

2

2

Yes

Amendment

No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

	ame (and Fund if applica	ble)	2	. ID Num	ber	
Committee to Elect T	'ammy Aldridge					
3. Lender Information	on	Add			Remove	
a. Full Name, Mailing Ad	dress & Phone	b. Job Title/Profe	ssion		d. Comments	
(include city, state, & z	ip)	911 Director				
Tammy Aldridge						
1939 Poors Ford Rd					e. Start Date (mm/dd/yyyy)	
Rutherfordton, NC 2	3139	c. Employer's Nat			03/28/2014	
828-755-4559		Rutherford Co	unty			
					f. End Date (mm/dd/yyyy)	
					03/28/2015	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paym	ent	k. Amount	
	in Security Freugeu	ii Account Couc		CIIC		
%			cash		\$ 1500.00	
l. Full Name of Lending I	nstitution			m. Loan	Number	
4. Endorsers/Makers	(The people who are	avantas the leave				
a. Full Name, Mailing Ad		b. Job Title/Pro	<u> </u>		1 2 40 10 20 11	
(include city, state, & z		b. Job Title/Pro	ression	c. Empi	oyer's Name/Specific Field	
(include city, state, & z.	P)					
		d. Percentage		e. Amou	e. Amount	
			%	•		
			70	\$		
a. Full Name, Mailing Ad		b. Job Title/Pro	b. Job Title/Profession		oyer's Name/Specific Field	
(include city, state, & zi	(p)					
				2		
		d. Percentage		e. Amou	w.t	
		u. rercentage		e. Amou	III.	
			%	\$		
a. Full Name, Mailing Add	dress & Phone	b. Job Title/Pro	fession	c. Emple	oyer's Name/Specific Field	
(include city, state, & zi				- Compi	yer o maner opecinic rieta	
			4			
		d. Percentage		e. Amou	nt	
			%	\$		
a. Full Name, Mailing Add	dress & Phone	b. Job Title/Pro	fession	c. Emple	oyer's Name/Specific Field	
(include city, state, & zi					·,····	
780						
					9660	
		d. Percentage		e. Amou	nt	
			%	\$		
5. Total of ALL C	CRO-1410 Pages					
	e 9 of Detailed Summary Page (CRO-1100)		\$	2,500.00	
TO THE STATE OF TH	AMERICAN PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPER	THE PART OF THE PA		1 TO		

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Na		applicable))			2. ID Number
Committee to Elect T	ammy Aldridge	***************************************				5J6417
3. Lender Information	\n	Π Δ.	dd		Remove	
a. Full Name, Mailing Ad				L Fitle/Profession	Kemove	d. Comments
(include city, state, & zi			8	irector		u. Comments
Tammy Aldridge	<u>P)</u>		7	nector		
1939 Poors Ford Rd						e. Start Date (mm/dd/yyyy)
Rutherfordton, NC 28	3139		c. Emple	oyer's Name/Spe	eific Field	
			Ruther	rford County		03/04/2014
						f. End Date (mm/dd/yyyy)
						03/04/2015
g. Rate	h. Security Pledged	1		i. Original Lo	an Amount	j. Remaining Loan Balance
%				\$ 100.00		\$ 100.00
<u> </u>	State September 1990			Ψ 100.00		the VI COLO Manuscocción VI
k. Full Name of Lending I	nstitution					I. Loan Number
3. Lender Informatio	ın		dd		Remove	
a. Full Name, Mailing Add	194522		1	Title/Profession		d. Comments
(include city, state, & zi						
			1			
						e. Start Date (mm/dd/yyyy)
			c. Emplo	oyer's Name/Spec	cific Field	
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged			i. Original Loa	an Amount	j. Remaining Loan Balance
%				\$		\$
k. Full Name of Lending I	nstitution					I. Loan Number
		_ ,				
3. Lender Informatio		☐ Ad	1	L	Remove	
a. Full Name, Mailing Add			b. Job 11	itle/Profession		d. Comments
(include city, state, & zi	ρ)		-			
						e. Start Date (mm/dd/yyyy)
			c. Emplo	oyer's Name/Spec	cific Field	C. Start Date (minicum j j j j)
			Section -	3 .75	- Togethe	
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged			i. Original Loa	an Amount	j. Remaining Loan Balance
%				\$	THE THE PARTY OF T	
				Ъ		\$
k. Full Name of Lending I	astitution					l. Loan Number
4. Total only this Pag	0					\$ 100.00
5. Total of ALL CRO						
(This line must be on line		arv Page CR	O-1100)			\$ 100.00
The state of the s	ACCULATOR OF THE PROPERTY OF T	and a second of the second	The second second second second second			

In-Kind Contributions

Amendment \times Pg Yes of No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)				2. ID	Number
Committee to Elect Tammy Aldridge					5J6417
	Remove			T	
a. Full Name, Mailing Address & Phone			Contributor	c. Cor	mments
(include city, state, & zip)	- =		vidual		
Tammy Rowland			didate		
211 N. Main St Rutherfordton, NC 28130		Party	-		
Rutherfordton, NC 28139 828-287-1312		PAC	erendum	J. Fla	ection Sum to Date
828-287-1312				d. Lie	ction Sum to Date
		Otne	er Receipt Source	\$	310.00
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
Facilities and food for fundraiser			03/28/2014	ł	\$ 310.00
					\$
					\$
	Remove				
a. Full Name, Mailing Address & Phone	-	101 1110	Contributor	c. Con	mments
(include city, state, & zip)	\boxtimes	Indiv	vidual		
Keith Hunter			didate		
200 Pumpkin Patch Rd	10.00	Party		1	
Rutherfordton, NC 28139		PAC			** NOW 10 1008 W
			erendum	d. Elec	ction Sum to Date
		Othe	er Receipt Source	\$	509.07
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
Signs & car magnets			03/06/2014	r.	\$ 509.07
					\$
					\$
	Remove				
a. Full Name, Mailing Address & Phone			Contributor	c. Con	nments
(include city, state, & zip)			vidual		
Charles Byers			didate		
1466 Tiny Rd Ellenboro, NC 28040		Party PAC			
Ellenboro, NC 28040			rendum	J Flo	-4* C 4- Da4-
			er Receipt Source	d. Eice	ction Sum to Date
		Ouic		\$	375.00
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Signs & car magnets			03/06/2014		\$ 375.00
					\$
					\$
4. Total only this Page				\$	1,194.07
5. Total of ALL CRO-1510 Pages				7500	2000
(This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	2,481.63

In-Kind Contributions

No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

3. Contributor Information	1. Committee Full Name (and Fund if applicable)			2. II) Number
1. Type of Contributor C. Comments Circled ecity, state, & zip) Contributor C. Comments Contributor C. Comments Contributor C. Comments	Committee to Elect Tammy Aldridge				5J6417
Individual	3. Contributor Information Add	Remove			
Candidate Party Party Reference Candidate Party Reference Reference Candidate Party Reference Referenc	a. Full Name, Mailing Address & Phone	b. Type	of Contributor	c. Co	mments
1939 Poors Ford Rd	(include city, state, & zip)	N 1	ndividual		
PAC Referendum		Candidate			
Referendum	1939 Poors Ford Rd	F	arty		
Other Receipt Source \$ 1,200.27	Rutherfordton, NC 28139	F	AC		
C. Description			teferendum	d. Ele	ection Sum to Date
Buttons			Other Receipt Source	\$	1,200.27
3. Contributor Information			f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Sacrontributor Information	Buttons		03/13/2014	4	\$ 164.31
Add Remove Section					\$
D. Type of Contributor C. Comments					\$
Individual Candidate Party Referendum Candidate Substituted Candidate Substituted Candidate Party Candidate Substituted Candidate Candidate Party Candidate Candidat	3. Contributor Information Add	Remove			
Jeff Wells Gardidate Party Party PAC Referendum Gardidate Party PAC P	a. Full Name, Mailing Address & Phone	b. Type o	f Contributor	c. Cor	mments
Party	(include city, state, & zip)	⊠ I	ndividual		
Forest City, NC 28043 PAC	Jeff Wells		andidate		
Referentian		□ P	arty		
Other Receipt Source \$ 235.00	Forest City, NC 28043	□ P	AC		
e. Description Food Contributor Condidate Con		□ R	eferendum	d. Ele	ection Sum to Date
Food			ther Receipt Source	\$	235.00
S S S S S S S S S S	e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
Saccontributor Information	Food		04/04/2014	1	\$ 235.00
3. Contributor Information					\$
Starland Hunt Candidate Starland Hunt Candidate Party Forest City, NC 28043 C. Description C. Description C. Description C. Description C. Description C. Comments C. Commen					\$
(include city, state, & zip) Individual Starland Hunt Candidate 689 Doggett Rd Party Forest City, NC 28043 PAC Referendum d. Election Sum to Date Other Receipt Source \$ 211.25 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Food 04/04/2014 \$ 175.00 Time 04/04/2014 \$ 36.25 \$ \$	3. Contributor Information Add	Remove			
Candidate Party PAC Referendum Condidate Party PAC Referendum Starland Hunt Party PAC Starland Hunt Party PAC Starland Hunt Party PAC Starland Hunt Party PAC Starland Hunt Party	a. Full Name, Mailing Address & Phone	b. Type o	f Contributor	c. Cor	mments
Party PAC Referendum Cher Receipt Source S 211.25	(include city, state, & zip)	⊠ Iı	dividual		
Forest City, NC 28043 Referendum	Starland Hunt		andidate		
Referendum Other Receipt Source	689 Doggett Rd	□ P	arty		
Other Receipt Source \$ 211.25	Forest City, NC 28043	□ P	AC		
Comparison Com		R	eferendum	d. Ele	ction Sum to Date
Food 04/04/2014 \$ 175.00 Time 04/04/2014 \$ 36.25 \$			ther Receipt Source	\$	211.25
Time 04/04/2014 \$ 175.00 \$ 36.25 \$	e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
\$ 36.25	Food		04/04/2014	1	\$ 175.00
	Time		04/04/2014	1	\$ 36.25
4. Total only this Page \$ 610.56					\$
,	4. Total only this Page			\$	610.56
	5. Total of ALL CRO-1510 Pages			\$	24.545

In-Kind (

					Ame	ndment		
Contributions	Pg	<u>3</u>	of	4		Yes	\boxtimes	No
	•		4-41		C	1		

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Tammy Aldridge 5J6417 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments \boxtimes (include city, state, & zip) Individual Kay Aldridge Candidate 174 Eastview Dr Party Bostic, NC 28018 PAC Referendum d. Election Sum to Date Other Receipt Source 1,113.50 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Food 04/04/2014 \$ 70.00 Time 04/04/2014 \$ 43.50 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Jenny McFadden Candidate 137 Tom Camp Rd Party Rutherfordton, NC 28139 PAC Referendum d. Election Sum to Date Other Receipt Source e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount **Napkins** 04/04/2014 \$ 10.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Kim Aldridge Candidate 171 Sandy Oak Dr. Party Forest City, NC 28043 PAC Referendum d. Election Sum to Date Other Receipt Source \$ 50.00 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Food 04/04/2014 \$ 50.00 \$ \$ 4. Total only this Page \$ 173.50 5. Total of ALL CRO-1510 Pages \$ 2,481.63

(This line must be on line 17 of Detailed Summary Page CRO-1100)

In-Kind Contributions

				Amei	lument		
Pg	4	of	4		Yes	\boxtimes	N
		l war of			1		

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID	2. ID Number	
Committee to Elect Tammy Aldridge				5J6417	
3. Contributor Information Add R	Remove				
a. Full Name, Mailing Address & Phone		f Contributor	c. Cor	mments	
(include city, state, & zip)	⊠ Ir	dividual			
Terri Mitchell		andidate			
221 Callahan Koon Rd	_	arty			
Spindale, NC 28160		AC			
		eferendum	d. Ele	ection Sum to Date	
		ther Receipt Source	\$	103.50	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
Food		04/04/201	4	\$ 60.00	
Time		04/04/20	14	\$ 43.50	
				\$	
3. Contributor Information Add R	Remove				
a. Full Name, Mailing Address & Phone		f Contributor	c. Cor	mments	
(include city, state, & zip)	⊠ In	dividual			
Lesley Gibbon	=	andidate			
205 Pinelog Lane		arty			
Rutherfordton, NC 28139	=	AC			
			d. Ele	ection Sum to Date	
	U 0	ther Receipt Source	\$	150.00	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
Time		03/15/201	4	\$ 150.00	
				\$	
				\$	
3. Contributor Information Add R	Remove				
a. Full Name, Mailing Address & Phone		f Contributor	c. Con	c. Comments	
(include city, state, & zip)	_	dividual			
Michelle Antoine		andidate			
142 Dogwood Lane		arty			
Rutherfordton, NC 28139	_	AC			
		eferendum	d. Ele	ection Sum to Date	
	0	ther Receipt Source	\$	250.00	
e. Description		f. Date (mm/dd/y	/yy)	g. Fair Market Amount	
Flowers, linen, utensils		03/15/201	4	\$ 150.00	
Time		03/15/201	.4	\$ 100.00	
			<u></u>	\$	
4. Total only this Page			\$	503.50	
5. Total of ALL CRO-1510 Pages			\$	2,481.63	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			Þ	2,481.03	



Kimberly Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

Name of committee to receive loan: Committee to Elec	ct Tammy Aldridge				
Person or committee to make loan:					
Date of loan to committee: 03/21/2014					
Name of lending institution and account number (sour	rce):				
Amount of loan: \$1000 Description (if in-kind loan):					
Names of all parties responsible for payment of loan (
Period of loan:					
I,, acknowledge that all of the (Person lending money to committee) provided is complete, true, and accurate. I further understarthat has an outstanding balance to any source.	nd I may not forgive a loan $4=23-2014$				
Signature of Lender	Date Signed				
QUL.	4-23-14				
Signature of Treasurer of Committee	Date Signed				

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

CRO-6100 Loan Proceeds Statement March 2013



Kimberly Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

Name of committee to receive loan: Committee to Ele	ect Tammy Aldridge			
796 183555 N. 181 1.3.1 151-25 AC19060	or Statement			
Date of loan to committee:03/28/2014				
Name of lending institution and account number (so	urce):			
Amount of loan: \$1500	_			
Description (if in-kind loan):				
Names of all parties responsible for payment of loan (guarantors):				
Period of loan: 12 months				
Rate of interest of loan:				
Security pledged for loan:				
I,, acknowledge that all of the committee of the c				
provided is complete, true, and accurate. I further understa	and I may not forgive a loan			
that has an outstanding balance to any source.	7			
(Les adnilles	<u>4-23-20/4</u> Date Signed			
Signature of Lender	Date Signed			
V Rece U	4-23-14			
Signature of Treasurer of Committee	Date Signed			

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

CRO-6100 Loan Proceeds Statement March 2013